



**JAMES J. DONELON
COMMISSIONER OF INSURANCE
STATE OF LOUISIANA**

P.O. Box 94214
Baton Rouge, Louisiana 70804-9214
Phone (225) 342-5900
Fax (225) 342-3078
<http://www.lidi.state.la.us>

**INSTRUCTIONS FOR
APPLICATION FOR WITHDRAWAL
OF AN INSURER FROM LOUISIANA**

GENERAL INSTRUCTIONS

This packet is designed to assist the individual preparing the application in complying with our requirements and procedures. The forms and procedures of the application process are designed to facilitate our review of the application. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

All communication should be directed to:

Louisiana Department of Insurance
Company Licensing Division
P.O. Box 94214
Baton Rouge, LA 70804-9214
Phone: (225) 342-1216
Fax: (225) 342-3078
E-Mail Address: mboutwell@ldi.state.la.us

While our Department will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

- 1) All submittals in association with this application must reach us via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. In addition, all correspondence must be sent to the attention of the Company Licensing Division to assure prompt receipt and handling.
- 2) Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.
- 3) **Do not alter** the forms contained in this packet. If you feel the requirements do not apply to your company, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.
- 4) All original items submitted become the property of the Louisiana Department of Insurance and **will not be returned**.
- 5) All entries in the application forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the disapproval of the application.

6) When designating a contact person for the application process, please remember that our staff will communicate only with that individual. The application process is considered confidential and will not be discussed with any person other than the named contact person. We must be notified in writing of any change in the contact person.

7) We must be notified of any changes in the company or the information submitted in association with this application, which occur while the application is under review. This includes changes in officers and directors; changes in address or domicile; and financial statements and examination reports which become available after submission. Failure to notify us of such changes may result in disapproval of the application.

8) Unless otherwise indicated in the forms, all applicants must supply all items requested in this packet. If, for some reason, an item which would otherwise be required is not available, a written explanation must be supplied upon submission.

9) It is the responsibility of the applicant to insure that none of the responses and submittals in association with this application conflict with the information filed with the domiciliary state. Conflicting information will result in the disapproval of the application.

SPECIAL INSTRUCTIONS REGARDING FILING REQUIREMENTS

Until the Certificate of Authority is cancelled and returned to the company, it remains in force and the company is responsible for making all statutory filings. This includes, but is not limited to, financial statements and quarterly and annual tax filings.

POSTING OF PUBLIC NOTICE

In association with this withdrawal the Department is required to post a public notice in a newspaper of general circulation. The notice must be posted once a week for four consecutive weeks. The withdrawal cannot be completed and the Certificate of Authority cancelled until completion of this publication. The company will be billed for the publication of this notice and payment must be received before the Certificate of Authority will be cancelled and the withdrawal completed.

NOTICE TO OTHER STATES

If the company is requesting a release of a statutory deposit held in this state in association with this application, this Department is required to notify the Department of Insurance in all states in which the company is licensed of this request. Objection to the release from one of these Departments will lead to the denial of the request until such time as the state is able to issue a no objection.

COMMUNICATION WITH LOUISIANA DEPARTMENT OF LABOR AND DEPARTMENT OF REVENUE AND TAXATION

It may be necessary for the Louisiana Department of Labor or the Louisiana Department of Revenue and Taxation to contact you before they issue a clearance to our Department. Delays in responding to inquiries from those Offices will cause delay in the processing of this application and may lead to disapproval.

CLEARANCE WITH GUARANTY FUNDS

Before cancellation of the Certificate of Authority this Department will confirm with the Louisiana Life and Health Insurance Guaranty Association and/or the Louisiana Insurance Guaranty Association that no outstanding assessments are due from the company. Failure to pay due assessments may cause a delay in the process of this application.

COMMON QUESTIONS

The following are some of the most commonly asked questions regarding the application package and process.

Q: Where can I find the laws and regulations governing insurance in Louisiana?

A: Title 22 of the Louisiana Revised Statutes is the Louisiana Insurance Code, and most laws enacted by the Louisiana Legislature which affect insurers and insurance can be found in that Title. Copies of the Louisiana Insurance Code can be obtained from private printing companies which specialize in statutory printing. In addition to the statutes, the Commissioner of Insurance has issued many regulations, rules and directives. Copies of these items may also be obtained from publishers specializing in printing legal and regulatory documents. Information for one such company is given below:

**National Insurance Law Service
P.O. Box 2507
Chatsworth, CA 91313
1-800-423-5910**

Q: What is the time frame for the review of an application?

A: This Department makes every effort to review all applications as soon after submittal as possible. The review process can be expected to take from thirty (30) to sixty (60) days from receipt of a complete application. Please take this time frame into account when considering deadlines and operation schedules for the applicant.

Q: Can we meet with the Department for a preliminary review of our application prior to submission?

A: Yes. Our staff will be happy to meet with representatives of the applicant to review the application before it is actually submitted. It should be noted, however, that this courtesy review is to help assure completeness only, and our Division will not issue a preliminary approval or disapproval of the application prior to submission. Any application sent to this Office via U.S. Mail will be considered submitted for review and will not be eligible for a pre-review. You may make an appointment for preliminary review by contacting the Company Licensing Division of the Louisiana Department of Insurance. Preliminary reviews will be performed only with an appointment.

Q: Are the forms available in any format other than hard copy?

A: Yes. The forms may be sent via e-mail or, after November 1, 1998, downloaded from the Department's website at <http://www.ildi.state.la.us> The forms are in Microsoft Word format. PLEASE NOTE THAT ANY CHANGES TO THE FORM OR CONTENT OF THE APPLICATION WILL LEAD TO THE IMMEDIATE DISAPPROVAL OF THE APPLICATION.



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**APPLICATION FOR WITHDRAWAL
OF AN INSURER FROM LOUISIANA**

General Information (Type or Print)

COMPANY NAME: _____

NAIC NO.: _____ **FEIN NO.:** _____

LOUISIANA DEPARTMENT OF REVENUE AND TAXATION ID NO.: _____

LOUISIANA UNEMPLOYMENT TAX ACCOUNT NO.: _____

LAST DATE OF EMPLOYMENT IN LOUISIANA: _____

DATE OF ORGANIZATION: _____ **DATE COMMENCED BUSINESS:** _____

HOME OFFICE ADDRESS: _____

CONTACT NAME†: _____ **CONTACT TITLE:** _____

PHONE: _____ **FACSIMILE:** _____

CONTACT ADDRESS: _____

E-MAIL: _____

† This Office will only communicate with the named contact person.

TYPE OF COMPANY

☐ **STOCK COMPANY**

☐ **MUTUAL COMPANY**

☐ **OTHER** _____

SECTION 2 - INTERROGATORIES

All of the following questions must be answered for every applicant. **ATTACH A FULL EXPLANATION AND/OR THE REQUESTED INFORMATION FOR ANY "YES" ANSWERS**

1) Are there currently any outstanding policyholder liabilities in Louisiana for which arrangements have not been made by assumption/reinsurance agreements or other such instruments?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) Are there currently <u>any</u> liabilities in Louisiana for which payment has not been made or arranged?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Are there any active policies in Louisiana for which arrangements have not been made by assumption/reinsurance agreements or other such instruments?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) Are there currently any outstanding assessments to the Louisiana Life and Health Insurance Guaranty Association or the Louisiana Insurance Guaranty Fund for which payment has not been made or arranged?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) Does the applicant have any outstanding fines imposed by the Louisiana Department of Insurance or any other regulatory agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6) Has the applicant utilized the services of a managing general agency or third party administrator to process or pay policyholder claims? If yes, provide the name and address of such entity.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7) Are there any plans to dissolve the corporate existence of the company within the next 24 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8) Is the company requesting release of a Louisiana-held statutory deposit in association with this withdrawal?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 3 - OFFICIAL LIST OF MANAGEMENT AND OWNERS

Below give the name, resident address, position and ownership percentage for all officers, directors and/or individuals who, directly or indirectly, own 10% or more of the applicant. This list must include all entities owning 10% or more of the stock of the applicant. Please use additional pages if needed.

NAME: _____	
RESIDENT ADDRESS: _____ _____ _____	
POSITION: _____	OWNERSHIP %: _____

NAME: _____	
RESIDENT ADDRESS: _____ _____ _____	
POSITION: _____	OWNERSHIP %: _____

NAME: _____	
RESIDENT ADDRESS: _____ _____ _____	
POSITION: _____	OWNERSHIP %: _____

NAME: _____	
RESIDENT ADDRESS: _____ _____ _____	
POSITION: _____	OWNERSHIP %: _____

SECTION 4 - ATTACHMENTS

The following items must be attached to this application form.

- 1) COMPLETED OATH OF LIABILITIES FORM. The proper form is attached
- 2) A COPY OF THE SCHEDULE T FROM THE MOST RECENT ANNUAL STATEMENT.
- 3) A STATEMENT OF WITHDRAWAL which addresses the following points:
 - Why has the company decided to withdraw from Louisiana?
 - What provisions have been made for the transfer of remaining Louisiana policyholders?
 - How will remaining Louisiana policyholders, if any, be serviced?
 - How can the company be contacted by claimants?
 - What deposits or other financial guarantees are in place to extinguish liabilities in Louisiana?
- 4) COPIES OF ALL ASSUMPTION AGREEMENTS AND ASSUMPTION CERTIFICATES which may have been used to transfer any in-force insurance policies must be attached.
- 5) AUTHORIZATION FOR RELEASE OF INFORMATION FOR THE LOUISIANA DEPARTMENT OF REVENUE AND TAXATION form fully completed. The proper form is attached.
- 6) AUTHORIZATION FOR RELEASE OF INFORMATION FOR THE LOUISIANA DEPARTMENT OF LABOR form fully completed. The proper form is attached.
- 7) The ORIGINAL CERTIFICATE OF AUTHORITY issued to the company. If this Certificate cannot be found, the enclosed Affidavit of Loss must be completed. Note that this affidavit should be used only as a last resort. A due diligent search must be made for the original Certificate of Authority.
- 8) Give the name and address of the person to whom the Louisiana Secretary of State may forward process served upon the Insurer.

CERTIFICATION

By submission of this Application for Withdrawal, the undersigned do hereby agree and confirm that:

- 1) The insurer surrenders its authority to transact business in this state and returns for cancellation its Certificate of Authority.
- 2) This withdrawal has been duly authorized by the board of directors, trustees or other governing body of the insurer.
- 3) The insurer agrees to settle claims arising from business in this state without prejudice because of this withdrawal

STATE OF _____

COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority, personally appeared _____
and _____ who, after being duly sworn, did depose and say that all
information contained in this application and all attachments thereto is, to the best of his knowledge, true, complete and correct.

Witness' Signature

Company President's Signature

Witness' Printed Name

Company President's Printed Name

Witness' Signature

Company Secretary's Signature

Witness' Printed Name

Company Secretary's Printed Name

SWORN TO and subscribed before me this _____ day of _____, 19____.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____



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OATH OF LIABILITIES

STATE OF _____

COUNTY OR PARISH OF _____

We, _____, as President
and _____, as Secretary
of _____, an insurance company organized
under the laws of _____, do hereby certify that all debts and liability of every kind due
and to become due against said insurer as a result of doing business in Louisiana have been paid or otherwise extinguished and
that said company currently has no policies in force covering lives or property situated within Louisiana.

Witness' Signature

Company President's Signature

Witness' Printed Name

Company President's Printed Name

Witness' Signature

Company Secretary's Signature

Witness' Printed Name

Company Secretary's Printed Name

SWORN TO and subscribed before me this _____ day of _____, 19____.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____



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**AUTHORIZATION FOR RELEASE OF INFORMATION
FOR THE LOUISIANA DEPARTMENT OF LABOR**

STATE OF _____

COUNTY OR PARISH OF _____

I, _____, as President
and _____, as Secretary
of _____, having applied to withdraw from
doing business in Louisiana or to dissolve the corporate existence of said company, do hereby authorize the Louisiana Department
Labor to release any information regarding the standing of this company with that Office to the Louisiana Department of
Insurance.

Witness' Signature

Company President's Signature

Witness' Printed Name

Company President's Printed Name

Witness' Signature

Company Secretary's Signature

Witness' Printed Name

Company Secretary's Printed Name

SWORN TO and subscribed before me this day of _____, 19____.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____



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**AUTHORIZATION FOR RELEASE OF INFORMATION
FOR THE LOUISIANA DEPARTMENT OF REVENUE AND TAXATION**

STATE OF _____

COUNTY OR PARISH OF _____

I, _____, as President
and _____, as Secretary
of _____, having applied to withdraw from
doing business in Louisiana or to dissolve the corporate existence of said company, do hereby authorize the Louisiana Department
of Revenue and Taxation to release any information regarding the standing of this company with that Department to the
Louisiana Department of Insurance.

Witness' Signature

Company President's Signature

Witness' Printed Name

Company President's Printed Name

Witness' Signature

Company Secretary's Signature

Witness' Printed Name

Company Secretary's Printed Name

SWORN TO and subscribed before me this day of _____, 19__.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____



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**AFFIDAVIT OF LOSS OF ORIGINAL
CERTIFICATE OF AUTHORITY OR APPROVAL**

STATE OF _____

COUNTY OR PARISH OF _____

We, _____, as President
and _____, as Secretary
of _____, an insurance company organized
under the laws of _____, do hereby certify that after a diligent search, it has been
determined the original Certificate of Authority or Approval issued to said company by the State of Louisiana has been lost or
destroyed and cannot be located.

Witness' Signature

Company President's Signature

Witness' Printed Name

Company President's Printed Name

Witness' Signature

Company Secretary's Signature

Witness' Printed Name

Company Secretary's Printed Name

SWORN TO and subscribed before me this day of _____, 19__.

Notary Public's Signature

Notary Public's Printed Name

My Commission Expires _____